

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091868924 FILING DATE 31 OCT 2001  
APPLICANT(S) Hashimoto

CLAIMS	AS FILED						AFTER 1st AMENDMENT						AFTER 2nd AMENDMENT						
	IND.		DEP.		IND.		DEP.		IND.		DEP.		IND.		DEP.				
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS